

CLIENT DISCLOSURE INFORMATION (Per WAC 246-810-030)

RCW 18.19 requires all counselors, counselor interns, and volunteer counselors to be registered.

WAC 246-810-031 requires all clients to sign a copy of a client disclosure information form.

WAC 246-810-030 requires all clients to be provided certain disclosure information, which is described in WAC 246-810-031.

A. CLIENT DISCLOSURE INFORMATION FORM

All client disclosure information forms must contain the following nine items:

1. **AGENCY NAME:** All chemical dependency treatment facilities certified by the Division of Alcohol and Substance abuse (DASA), Department of Social and Health Services (DSHS), must list the name as listed on their DASA certificate of approval.
2. **COUNSELOR'S BUSINESS ADDRESS AND TELEPHONE NUMBER:** Must also be the same as listed in DASA's Directory of Certified Chemical Dependency Treatment Services in Washington State. The Directory is posted on the DASA website at <http://www.dshs.wa.gov/pdf/hrsa/dasa/directory/directory.pdf>.
3. **WASHINGTON STATE REGISTRATION OR CERTIFICATION NUMBER:** If the client only sees one counselor, the form only needs to list that counselor's name and counselor registration number. The number may also be any license, certificate, or registration number issued by the Professional Licensing Services Division, Counselor Section, of the Department of Health (DOH).

If more than one counselor may treat the client, the form should list the name and registration number of each person currently working in a counseling capacity in the facility at the time of admission. This includes all counselors, counselor trainees, and volunteer counselors. If the counselors change during the course of treatment, the form must be updated.

4. **NAME OF COUNSELOR AND TYPE OF COUNSELING THEY PROVIDE:** As specified above, the form must list each person currently working in a counselor capacity in the facility at the time of admission. It also must be updated during the course of treatment, if there is a change in counseling staff which affects the client.

The type of counseling for all counselors may be listed as "chemical dependency counseling." You may, if you wish, list specialties; i.e., chemical dependency family counseling, chemical dependency intervention

counseling, chemical dependency aftercare counseling, etc., after each name.

5. **THE METHODS AND TECHNIQUES THE COUNSELOR USES:** You may list individual counseling, group counseling, family counseling education in chemical dependency and recovery, and aftercare and discharge planning.
6. **THE COUNSELOR'S EDUCATION, TRAINING, AND EXPERIENCE:** You may state simply that all counselors are required to meet the minimum education, training, and experience requirements of a chemical dependency counselor as defined by DOH, in WAC 246.811.030, and then add each counselor's qualified or certified status and any degrees awarded from a college or university.

You do not have to list each course the counselor has taken to become qualified as a chemical dependency counselor, nor list each workshop or in-service training that the counselor has attended to meet their continuing education requirements each year since they achieved chemical dependency counselor status.

7. **CLIENT'S COST PER EACH COUNSELING SESSION AND THE COURSE OF TREATMENT WHERE KNOWN:**

Alternative A: You must list the client's cost per each counseling session and the total anticipated cost of any course of treatment, and the type and length of treatment when known; e.g., 28-day intensive inpatient, 72 hours of intensive outpatient, one year of monthly outpatient treatment, etc. You must also specify any anticipated extra costs such as charges for extra services like reports, extra individual or family counseling sessions, etc. You do not need to break out charges if you charge per-day or per-program.

Alternative B: You may refer to a more detailed treatment contract and fee schedule as follows:

"I have signed a treatment contract and fee schedule setting forth the full terms of the anticipated cost and length of treatment."

8. **FEES PAID IN ADVANCE**

You must explain your billing practices, including any advance payments and refunds.

- a. Any practice of collecting fees in advance, as well as refund policies, must be disclosed in accordance with WAC 246-810-031 to the client before the funds are collected.
- b. Agencies who collect fees in advance of the service provided must separate such funds from operating/expense funds. Failure to properly account for such funds may be a violation of the Securities Act, RCW 21.20.005. **These fees may not be expended by the agency until such time as the service is provided. Any funds left in the account.**

for which services were not rendered, must be returned to the client within thirty (30) days of the request by the client for return of the funds.

- c. Room rental fees or similar expenses (i.e., as relates to group therapy), are not considered fees paid in advance.
9. **SIGNATURES ARE REQUIRED OF BOTH THE COUNSELOR PROVIDING THE DISCLOSURE INFORMATION AND THE CLIENT, AFTER A STATEMENT THAT THE CLIENT HAS BEEN PROVIDED A COPY OF THE REQUIRED DISCLOSURE INFORMATION AND THE CLIENT HAS READ AND UNDERSTANDS THE INFORMATION PROVIDED. THE DATE OF SIGNATURE BY EACH PARTY IS TO BE INCLUDED AT THE TIME OF SIGNING:**

A copy of this agreement must be authenticated by both the client and a registered counselor responsible for counseling services.

10. THE FOLLOWING STATEMENT MUST APPEAR ON ALL FORMS:

"Counselors practicing counseling for a fee must be registered or certified with the Department of Health (DOH) for the protection of the public health and safety. Registration of an individual with the department does not include recognition of any practice standards, nor necessarily imply the effectiveness of any treatment."

B. DOH COUNSELOR DISCLOSURE LAW

In addition to the signed Client Disclosure Information Form discussed in Part A above, WAC 246-810 gives counselors an option of how to meet the requirements for informing the client of the counselor disclosure law.

Counselors may either give the client a copy of the DOH brochure, or they may provide all the information listed below, in addition to the form discussed in Part A above. (The brochure published by DOH is insufficient, by itself, to meet the requirements of WAC 246-810.)

Clients must be informed of the following:

1. The purpose of the law regulating counselors is:
 - a. To provide protection for public health and safety.
 - b. To empower the client by providing a complaint process against counselors who commit acts of unprofessional conduct.
2. They have the right to choose counselors who best suit their needs and purposes.
3. The extent of confidentiality provided by RCW 18.19.180(1) through (6).

Note: Federal confidentiality regulations supersede every item in RCW 18.19, so following the federal regulations for informing the client of the federal confidentiality regulations satisfies this requirement.

4. Clients are to be provided a list or copy of the acts of unprofessional conduct in RCW 18.130.180 and the following address and telephone number:

**Washington State
Department of Health
Health Professions Quality Assurance
Counselor Section
Post Office Box 47869
Olympia, Washington 98504-7869**

(360) 236-4700

A sample list of the acts of unprofessional conduct is attached.

UNPROFESSIONAL CONDUCT

Counselors are subject to discipline by the Department of Health. Cause for disciplinary action for unprofessional conduct is found in RCW 18.130.180 and includes the following:

- False, fraudulent, or misleading advertising.
- The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of counseling.
- Incompetence, negligence, or malpractice resulting in injury or unreasonable risk of harm to the client.
- Continuing to practice when a certification or registration has been suspended, revoked or restricted by the Secretary of the Department of Health.
- The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way except for legitimate therapeutic purposes.
- Violation of any federal or state law or rules and rules of any health agency.
- Aiding or abetting an unregistered or uncertified person to engage in the practice of counseling, unless exempt by law.
- Misrepresentation or fraud in any aspect of counseling.
- Counseling involving contact with the public while suffering from a contagious or infectious disease involving serious risk to the public health.
- Promotion for personal gain of any unnecessary or useless drug, device, treatment, procedure, or service.
- Conviction of any gross misdemeanor or felony relating to the practice of counseling.
- The procuring, aiding, or abetting in procuring a criminal abortion.
- The offering or undertaking or agreeing to cure by secret method, procedure, or treatment.
- The willful betrayal of a counselor/client privilege as recognized by law.
- Violation of the rebating laws which includes payment for referral of clients
- The use of threats or harassment against clients or witnesses to prevent them from providing evidence in a disciplinary proceeding or legal action.
- Drunkenness or habitual intemperance in the use of alcohol or addiction to alcohol.
- Abuse of a client or sexual contact with a client.
- Practice beyond the scope of practice as defined by law or rule.

Anyone having any questions or wishing to file a complaint should write or call:

**Department of Health - Professional Licensing Services Division
Counselor Section
Post Office Box 47869
Olympia, Washington 98504-7869**

Notice Regarding Disclosure Requirements

Information disclosure is a requirement for counselors registered under Chapter 18.19 RCW. A brochure entitled "Counseling or Hypnotherapy Clients" published by the Department of Health contains some of the necessary disclosure information.

Excerpts from the "Law Relating to Registered Counselors and Hypnotherapists," which pertain to disclosure to clients included on this notice.

If you have questions, please contact the Registered Counselors and Hypnotherapists Program at (360) 236-4915 or Department of Health, Health Professions Quality Assurance, PO Box 47869, Olympia, Washington 98504-7869.

You can click on the links below to review the following WACs and RCWs on disclosure information:

RCW 18.19.060 Information disclosure to clients

<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.19.060>

WAC 246-810-030 Client disclosure information

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-810-030>

WAC 246-810-031 Required disclosure information

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-810-031>

WAC 246-810-032 Failure to provide client disclosure information

<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-810-032>